



Newmarket England

Lexington Sister Cities
2010 Youth Exchange Program
Application

Please attach a photo of yourself here. Make sure it is a close-up, like the one you would have for a driver's license, an informal photo is fine.

Name_____

Age by departure date_____



Deauville, County Kildare, Shinhidaka, Newmarket

Lexington Sister Cities
200 East Main Street Lexington, KY 40507
859-258-3137

LEXINGTON-NEWMARKET EXCHANGE PROGRAM

Dear Parents:

The purpose of the Lexington-Newmarket Exchange Program is to provide a genuine cultural and family experience in another country for middle and high school students of Lexington, Kentucky and those of Newmarket, England.

The American student's parent(s) must be willing and able to receive an English student in their home for approximately the same length of time as the American student is in England, but not simultaneously. The English and the American should be together for both parts of the exchange. Students should exhibit maturity, flexibility, and an interest in the English culture.

The exchange will be for ten days to two weeks during the summer. The students will travel as a group with an adult chaperone. You should be prepared to incur an expense of approximately \$1,400 in transportation cost (please see attached application for scholarship information). The Host Family will provide Room and Board.

It is important that you check your health and accident insurance policies to determine if your child would be covered outside the U.S. If not, you must secure such coverage.

Please sign and date this page to indicate your consent for your son or daughter to submit an application. Applications should be submitted to the Lexington Sister Cities office, 200 E. Main St., Lexington, KY 40507. After applications have been received, interviews will be set up for both students and parents. Upon acceptance in this program, three orientations will be held to prepare students for the trip.

Applications should be submitted by November 6, 2009.

I HEREBY GIVE PERMISSION FOR MY CHILD TO SUBMIT THE ENCLOSED APPLICATION.

SIGNATURE _____ DATE _____

IF APPLYING FOR A SCHOLARSHIP, PLEASE COMPLETE ATTACHED FORM.

PLEASE ATTACH A CURRENT PHOTO.

TWO LETTERS OF RECOMMENDATION ARE REQUIRED: ONE FROM YOUR SOCIAL STUDIES TEACHER (THIS YEAR OR LAST), AND ONE FROM AN ADULT OUTSIDE YOUR IMMEDIATE FAMILY.

NEWMARKET-LEXINGTON

200 EAST MAIN STREET, LEXINGTON, KENTUCKY 40507
(859) 258-3137 (859) 425-2053 – FAX KAYS@LFUCG.COM - E-MAIL

STUDENT EXCHANGE APPLICATION

NAME
(LAST)_____ (FIRST)_____

ADDRESS
(STREET)_____

(CITY)_____ (STATE)_____ (ZIP)_____

PHONE_____ CELL_____ E-MAIL_____

DATE OF
BIRTH_____ SEX____ SCHOOL_____ GRADE_____

INTERESTS AT
SCHOOL_____

INTERESTS OUTSIDE OF
SCHOOL_____

FATHER'S
NAME_____ ADDRESS_____
(if different than above)

PLACE OF EMPLOYMENT_____ WORK PHONE_____

MOTHER'S
NAME_____ ADDRESS_____
(if different than above)

PLACE OF EMPLOYMENT_____ WORK PHONE_____

BROTHERS AND SISTERS AT HOME (NAMES AND AGES)_____

PLEASE COMPLETE ONLY IF APPLYING FOR FINANCIAL SCHOLARSHIP

(ALL INFORMATION IS CONFIDENTIAL)

LEXINGTON SISTER CITIES SCHOLARSHIP

EXCHANGE
NAME _____ AGE _____ SEX _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE () _____

Our Family Income Is:

- ☐ under \$30,000 annually
- ☐ \$30, 000 to \$50, 000
- ☐ \$50, 000 to \$75, 000
- ☐ \$75, 000 or more

How many people are there in the household? _____

Are there any particular circumstances, which we should know of in considering your application for financial assistance? If yes, please elaborate.

I certify that to the best of my knowledge the information provided on this Financial Need Form is true. I am prepared to document this information if requested.

Parent/Guardian _____ Date _____